

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/595,521** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/	1	/		
3		2	1	1		
4	1		1			
5	1		1			
6	1		1			
7		1	1			
8	1		1			
9	/		1			
10	/		1			
11		2	1			
12			1			
13			1			
14			1			
15			1			
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TOTAL IND.	2		3			
TOTAL DEP.	11	←	17	←	←	
TOTAL CLAIMS	13		20			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	
TOTAL CLAIMS					←	←